

State of California
Commission on Emergency Medical Services
EMT-I Certification/Licensure Subcommittee

May 15, 2007
California Secretary of State's Office
Multi-purpose conference room

- I. **Call to Order:** Chair Bruce Lee called the meeting to order at 1:33 pm.
- II. **Welcome and Introductions:** Members of the subcommittee introduced themselves to the room. Chair Lee explained that minutes would be taken during the meeting, and would be available in draft form for review and adoption at the next meeting of the subcommittee.
- III. **Review Work of Last Year's EMT-I Licensure Task Force:** Nancy Steiner, Division Chief, Emergency Medical Services Personnel Division, EMSA, reviewed the actions of last year's task force on EMT-I Licensure. She noted that the group came to agreement on three main points: the need for background checks, the creation of a state registry of all EMTs and establishing a fair and consistent process for EMT disciplinary actions. No legislative solution was agreed upon by all the stakeholders.
- IV. **Position Statements from Key Stakeholders**

California Professional Firefighters (CPF) – Lew Stone: Mr. Stone outlined several issue areas regarding EMT Certification and Licensure for CPF.

- Background checks, noting that most fire departments checks already exceed what has been proposed.
- Medication Security
- Employee Assistance Programs, most fire departments already have these programs and an additional layer would slow down their process.
- Medical Oversight, agreeing that there should be independent oversight though there should be a delineation between what constitutes discipline and what is a training issue.
- Substance Abuse Problems – Fire Chiefs are directly responsible to citizens and should be empowered to address these problems.

California Ambulance Association (CAA) – Lou Meyer: CAA is opposed to SB 583/Ridley-Thomas, the CPF sponsored bill relating to EMT-I certification because it creates a two-tiered disciplinary system – one for the private sector and one for the public sector. CAA also argues that language relating to “direct patient care” in SB 583 ignores the long-term risk of bad behavior that may not fall under this definition of direct patient care. Conversely, Mr. Meyer expressed

support for Employee Assistance Programs and strongly supported the need for independent medical oversight for EMT disciplinary actions. CAA President, David Nevins, also advocated for the need to establish a minimum standard for all EMT's in the state whether privately or publicly employed.

Emergency Medical Directors Association of California (EMDAC) – Steve Tharatt, MD: Dr. Tharatt deferred to EMDAC President David Ghilarducci, MD, to present on their behalf. EMDAC believes that the two-tiered system is also a problem. Furthermore, Dr. Ghilarducci noted that SB 583 focuses only on firefighter EMTs though there are other publicly employed EMTs (perhaps even creating a third-tier). In terms of issue areas, EMDAC believes that medical oversight is necessary and should be independent. He agreed that a distinction should be made between training an EMT on proper procedures and when an EMT should be disciplined for certain behavior. EMDAC would like to see a uniform system that is transparent to the public, and this system should have consistent standards for training and oversight.

California Fire Chiefs Association (CalChiefs) – Sheldon Gilbert: CalChiefs President Gilbert stated that stakeholders were “dangerously close” to consensus last year. They would like acknowledgement from stakeholders that whatever rules are created must be administered by the Chiefs within their contract negotiation process with their unions. Issue areas that the Cal Chiefs support include:

- A single standard of discipline with mandated consultation and APA due process guarantees
- A statewide registry of all licensed EMTs
- Background checks that are Department of Justice and FBI compliant as long as checks are not duplicative
- Independent medical oversight, but fire management must have a voice in how to accomplish discipline.

Emergency Medical Services Administrators Association of California (EMSAAC) – Bruce Lee: Mr. Lee deferred comments to EMSAAC legislative committee representative Barbara Pletz. EMSAAC's first priority is that the public must be protected. The association has felt that the EMT certification system is broken. There are too many certifying authorities with different standards and who are precluded from sharing information per state law. There is too much variation amongst the certifying agencies.

- EMSAAC would prefer a single certifying/licensing authority, preferably EMSA, that mirrors the paramedic licensing system. The association is willing to consider different ways to accomplish that goal similar to the agreements from last year's task force.
- Background checks and wrap backs
- Standardized due process disciplinary procedure taking place at the state level with EMSA adhering to APA.
- Statewide registry of EMTs

- Stronger language pertaining to the reporting of incidents (since current law is not working)

V. Open Discussion with all Participants: Members of the audience participated in a discussion of the various issues raised.

Joe Parra, Senate Republican Caucus - Asked the subcommittee members for their reaction to the concept of “double jeopardy”. Medical professionals (nurses, doctors) who do something off-duty their hospital employer will discipline them, but the nursing or medical board may also take action.

Lou Meyer, CAA – Perfect example of how it works with other medical professionals. Must have an independent review of actions. Employers too. Will look at what the employer had done on discipline into account, but must be reviewed independently.

Lew Stone, CPF - Different with nurses and doctors. EMTs, paramedics. Case law and government protections. EMTs don’t move agencies if they do something wrong. People see them in the same light as a doctor or nurse, but doctors and nurses can change job locations easier. Board of their peers. Logistics. Negotiated discipline and grievance system they have with the added layer of a state or local review would be a nightmare takes too long. Sheer number creates a log jam.

David Ghilarducci, EMDAC – Clear difference between nurses, doctors and EMTs, but for patients there is no difference. Expectation that the people who treat them in the field are held to the same standard as all medical professionals.

Sheldon Gilbert, CalChiefs – Big difference between a peer body and one or two people at a LEMSAs medical directors office. How does it integrate into the local system? How does it all tie together?

Barbara Pletz, EMSAAC – Logistics. Doesn’t envision 1000’s of EMTs with huge disciplinary hearings. Look at paramedic system, employer reports to LEMSAs, who then look at the report and decides whether to report to EMSA. Paramedic process is conducted locally. EMSAC staff comes down for the investigation. These wouldn’t be little things like training or QI; would be big things.

Virginia Hastings, EMSAAC – One standardized approach. Expected to perform at the same level. Discussion is on procedural issues. Over last few years tremendous progress in the system. Fire departments have tried to implement disciplinary systems internally. Non-medical person overturns a decision in arbitration trying to interpret how a patient is treated. Don’t have a lot of discipline cases. Look at what fire chief has done. If ISMUS (?) that department has addressed it via training or discipline. Remain adamantly opposed to a two-tier system. Privates and publics should be held to the same standard.

Steve Tharatt, EMDAC – A perfect storm. Incremental changes or a comprehensive approach. No analytical analysis of the problem. Background

checks, lack of a diversion program and consistency issue on discipline (in a resource issue sense). A system that addresses both needs coupled with who does it. Is EMSA the right place? Regional model operating under a standard or status quo. And then, who pays? Licensees? LEMSAs? Fire? State? Is there a fundamentally better way to do this? Biggest fear is that resources aren't available to do an adequate job. Doesn't agree that this is a small problem.

Jeff Schneider, CE provider – Tactical. Administrative procedures done by all professions. Strategic issue. Word profession used by EMS. EMS is a baby relative to other areas of professions. EMS doesn't have a minimum of skills required unlike doctors. Do you handle employer same way? Difference between being a professional and having a job. 2 different lords: profession and employer.

Lew Stone, CPF – Need a GED to get an EMT certificate at community college. Firefighters are a profession, moral standards, physical standards and training standards must be met. Once you get in the door, have hours and hours of continuing education.

Jean English, Oakland Fire Department and EMT Instructor at Merritt College – Centralized location for information sharing – as an educator support that concept. Seeing inner city kids who can barely afford school who shop around for an affordable license. There's lots of bureaucracy and confusion created for these young people to deal with. Different in addressing discipline. Want credit for properly disciplining employees. Current system is broken and overloaded. Licensure, discipline and training should be kept separate.

Dave Ghilarducci, EMDAC – Most cases are dealt with internally. Minority of cases have to be dealt with in an outside manner.

Bruce Lee, EMSAAC – Issued a challenge to the subcommittee and stakeholders. A lot of progress was made last year. Back in the legislative arena today. As EMS professionals, we will ultimately own this. Still talking about the same issues. Same place as last year and poised to make progress. Compromise, solution. Acknowledgement to the employer for taking some actionable disciplinary move. LEMSAs/EMSA step in when that standard is not met. Must be dealt with at the employer level as long as the standards are met and there is medical oversight and give credit to the public or private employer for taking action. Restate and articulate that the positions aren't enough. What they've agreed upon and what areas still must be worked on.

Agree on:

- Background checks
- Statewide registry
- State discipline, APA compliant

Do not agree on:

- When is discipline triggered and when should it be reported to the LEMSAs?

- Comprehensive approach? Omnibus approach?
- Diversion programs – how does that lay over the local process?

Lew Stone, CPF – CPF strongly objects additional fees being imposed on public agencies for background checks they are already doing.

Sheldon Gilbert, CalChiefs – Decentralized licensing and certification at the local level.

Lew Stone, CPF – 2-tier system – perfect model?

Lou Meyer, CAA – CAA has a real problem with the “directly related to patient care” language in SB 583. Private employers have disciplinary process and some privates have unions. Employers have taken action that wouldn’t have warranted LEMSA review. Arbitration being overturned is slim. Medical director – internal review can suspend clinical privileges. Putting a wall between medical review and the disciplinary process is a problem. There must be third party review.

Lew Stone, CPF – Department has dealt with disciplinary issue and much later the local entity launches an investigation. Double jeopardy.

Steve Tharatt, EMDAC – Is this a timing issue or independent review?

Sheldon Gilbert, CalChiefs – Don’t want my process to go forward and then say LEMSA steps in later. Must be done in the context of their labor process. Third party reviewer should be involved in internal discussions.

Lew Stone, CPF – Large agencies have a set process. Outside investigator comes in and tries to run roughshod over the process and issue threats.

Jean English, Oakland Fire Department and EMT Instructor at Merritt College – Discipline and QI together?

Sheldon Gilbert, CalChiefs – Two different things. Define what has a clinical component. Integrate into their process.

Dennis, CAA – Our liability. My job to tell the LEMSA medical director of what happened. Has been dealt with in a timely manner . Doesn’t understand how it could get so far down the road before something happens. Statutory requirements. Consistent “pulls” for behavior that constitutes bad behavior.

Steve Tharatt, EMDAC – Resources for the dysfunctional areas of the system.

Virginia Hastings, EMSAAC – Chief Gilbert, Lew Stone. Incidents – notification from your medical director. Delay might be when we find out from other sources and start investigation. Working closely with public or private on these issues when they happen. Local EMS Director is in tune with things that are happening within the system.

Andrew McIntosh, Sacramento Bee – Has not come across any double jeopardy cases in all the thousands of cases he's reviewed. Asked for examples.

Lou Meyer, CAA – AMR, his company with 2500 paramedics and he doesn't know of one case.

Jeff Schneider, CE provider – Double jeopardy. Employer share in responsibility. Fiduciary responsibility. May or may not be the same. Disciplined by either/or or both employer or profession.

Lou Meyer, CAA – All part of the health care system.

Jean English, Oakland Fire Department and EMT Instructor at Merritt College – Number of places people have to repeat giving fingerprints.

Dave Ghilarducci, EMDAC – Double jeopardy has not been brought up in the context of the DMV.

VII. Meeting Summary:

Bruce Lee, EMSAAC – Would like to bring a report or recommendations to the EMS Commission. Really wants to show headway on the subject. Summarized issues from the meeting. Agree upon:

- Developing standardized EMT database for licensing and certification
- Background checks whether done by employer or licensing entity that must meet certain thresholds

A little apart on:

- Two-tiered system
- Notification
- Timing issues between event, employer action and certifying entity review and action
- Employer action being taken under consideration
- Reserving 3rd party medical review to ensure public protection and safety

Recommend that the subcommittee meet again to work towards a conceptual resolution to these matters.

Lew Stone, CPF – Agrees there should be a floor. Organization that has a set of standards they go by. Research that area for minimum on background checks. Buy off from EMSA that they floor is met. Two-tier system – understands where other stakeholders are coming from and will take back to CPF.

Sheldon Gilbert, CalChiefs – Method of reporting, timing of reporting and entity coordination.

Bruce Lee, EMSAAC – Next EMS Commission meeting is June 27. Would like to schedule another subcommittee meeting with a well-defined agenda along with sufficient time to do further issue research and for stakeholders to meet with their respective groups. Will work with EMSA to schedule the meeting. Hope to have another meeting and make some progress. Find out what resources EMSA will need to do this right. How the various models will work. Cost estimates EMSA did last year as well as what they've done on current legislation. Should task force work be brought back? Discuss conceptual agreement on processes. Costs will be inherent but will have to be dealt with later.

Steve Tharatt, EMDAC – If you don't take into account resources, you have the potential to make the system worse.

Lou Meyer, CAA – Entities are doing it in some fashion and lets all do it the same way. Background checks done now. Statutory language to share that information? Can deal with a lot of the issues on the table today without dealing with funding issues. Acknowledged the need for funding for a statewide database and centralized licensing.

Bruce Lee, EMSAAC – Will put together with members on the subcommittee an agenda focused on the issues mentioned earlier in the meeting.

Lew Stone, CPF – Legislative. Move ahead. Look at the legislative calendar to make sure there's enough time to get something done.

Lou Meyer, CAA – SB 583 will be moving at the end of May. Will CPF allow this process to move forward?

Lew Stone, CDF – He'll go back to his folks at CDF and work with the stakeholders in earnest. Must make sure its costs are affordable.

VIII. Next Steps

Bruce Lee, EMSAAC – Will try to schedule a meeting within the next two weeks. Will circulate dates to meet again.

IX. Adjournment: The meeting adjourned at 3:31 pm.